

Chester County Disaster Help Request

This information will be forwarded by the Chester County Department of Emergency Services to non-profit and other aid/ faith based organizations that may have the ability to meet your needs following a disaster. Filling out this form does not guarantee that any organization will be able to meet your need(s).

Date: _____

Name: _____ Phone number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Municipality: _____

Type of Property: Single family Multi-family Mobile home

Ownership: Own Rent Unknown

What type of insurance do you have? _____

Ages of everyone living in the home: _____

Description of damages:

Have you reported your damage to your municipality? Yes No

Can you stay in your home? Yes No

If not, do you have somewhere to stay? Yes No

Do you have any water damage in your house? Yes No

If yes, floors affected and depth: _____

Do you need emergency food? Yes No

Do you need drinking water? Yes No

Do you need help removing fallen trees and/or debris? Yes No

Do you need help cleaning out? Yes No

Please complete both sides of the form. Thank you!

Describe the work that you are requesting:

Please describe any special circumstances (Disaster related injuries or deaths, non-English speaking, on-going treatment for illness, special needs individuals, etc.):

I, _____ hereby voluntarily release the information contained in this form to be provided to Southeastern Pennsylvania Voluntary Organizations Active in Disaster (SEPA VOAD), all partner agencies, and local emergency management, for the express and singular purpose of their efforts to review my disaster needs.

Signature: _____ Date: _____

***Note:** If you are collecting this information over the phone please obtain verbal consent and indicate above.

Please return this form to the Chester County Department of Emergency Services.

Fax: (610) 344-4111

Email: chestercountyeoc@chesco.org

Please put "Disaster Help Request" in the subject line

**Mail: Chester County DES
P.O. Box 2747
West Chester, PA 19380
Attn: Disaster Help Request**

Please complete both sides of the form. Thank you!